

Jamie Mott Testimony for (H.B 5303)

My name is Jamie Mott. I am 32 years old and I have a chronic repetitive strain injury called myofascial pain syndrome. My condition is a work-related injury that I got at 21 while using the computer extensively in college. Since then the injury has become progressively worse as I have continued to try to work and so I've been in unrelenting pain for the last 11 years. Because my injury happened at college instead of at a job, I wasn't eligible to get workers compensation benefits so I have been unlucky to be fully reliant on health insurance for medical support for my condition. The reason I wanted to come here to speak today is to tell you of my horror and heartbreak. I hope that that together we can put legislation in place that will protect the sick and injured as well as healthy consumers of health insurance. This bill would prevent consumers from wasting their time and their money while giving them the tools to advocate for their care and their health.

If I had a dollar for every minute wasted dealing with health insurance red tape I would be as rich as an Insurance Company CEO. I am a certified ESL teacher but because of the physical demands of the profession I am unable to do what I went to school to do. I instead work part time as a tutor or a substitute teacher. These professions however almost never provided health insurance. Previous to this year I was living in California where some companies allow us to extend cobra. It was very expensive with high deductibles and didn't cover the treatment I needed for my condition. So I lived at my parent's house in order to pay for insurance and out-of-pocket medical costs which totaled about 70% of my income. I looked into individual plans that were less expensive than cobra but I was denied from multiple companies for having a pre-existing condition. It was a complete waste of my time and was extremely humiliating and made me feel very angry, helpless and hopeless. It was also very scary when I moved to Connecticut and went without insurance when I learned that I could not carry my cobra out of state. If legislation passed that required insurance companies to disclose their denial claims for coverage at least people like me would know from which companies we even stood a chance at buying insurance.

As I mentioned earlier I have poured countless dollars into paying for uncovered out-of-pocket medical costs. I have chronic problems with my muscles and tendons. The only therapy that helps me is trigger point muscle therapy and chiropractic treatment which I have always paid out of pocket for because I can't seem to get insurance to pay for it even though it is medically necessary. So what I have had to do was desperately search for advocating doctors that know the ins and outs of the politics of insurance. This kind of doctor is almost impossible to find. It has been like a needle in a haystack. It's very frustrating for me because I don't feel like I should be choosing my doctor based on their knowledge of the insurance business or waste my time with my doctor talking about insurance politics. If information about medical claim denials was mandated to be disclosed then I wouldn't waste all my time and money going through fruitless medical loops and instead choose medical insurance based on their rate of denials or approvals for treatment that I need. I've been waiting for 11 years to find an insurance company that will actually pay for something that actually helps my condition. Isn't that too long to wait?

In conclusion, when I think about my experience with the health-insurance industry the idiom that best describes it is "adding insult to injury." I really hope that we can work together to provide some hope for the many Americans who have to fight a constant uphill battle just to get the medical support they deserve to get well and feel better.